

Please type or print clearly in ink. Make changes as necessary.

LICENSE FEE: \$150.00

[illegible]

9 REGISTERED TECHNICIANS and PHARMACIST-INTERNS *currently working at this location.*

NAME	REGISTRATION NO.	AVG. HRS WORKED/WEEK

10 SUPPORTIVE PERSONNEL *currently working in the prescription department.*

(Non-pharmacists/non-technicians/non-interns who may perform duties such as delivery, billing, cashier, and clerical functions. They may include store managers or assistant managers, clerks and cashiers, bookkeepers, or janitors.)

NAME	ADDRESS	AVG. HRS WORKED/WEEK

11 GENERAL PHARMACIES ONLY:

Does any person licensed to prescribe have an interest in this property or in a corporation that owns property in which this space is leased? ☐ Yes ☐ No

If the answer to this question is "yes," you must enclose a copy of the current lease agreement.

REMIT TO: IOWA BOARD OF PHARMACY EXAMINERS
400 S.W. EIGHTH STREET, SUITE E
DES MOINES, IA 50309-4688
PHONE: (515) 281-5944

Information provided on
this application may be
disclosed pursuant to
657 IAC Chapter 14.

I hereby swear under penalty of perjury that the information provided in this application is true and correct. I understand that failure to provide complete and truthful information may constitute grounds for denial, revocation, or other disciplinary sanctions against my license.

**12
SIGN
HERE**



Signature of Owner or Corporate Officer

Title

Date

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED TO APPLICANT